

anxiety; an underactive thyroid is associated more with physical and mental lethargy and fatigue. Therefore, when presented with a case of depression, physicians will usually test for an underlying underactive thyroid since most of these patients have some degree of associated depression. So get your thyroid examined. If the blood test does show you have a hormone deficiency, thyroid hormone therapy will often clear up the depressive symptoms. If not, the depression may have been co-occurring, in which case you can and should still be treated for it as a separate illness.

Related Organizations

- **Thyroid Foundation of Canada** www.thyroid.ca

Depression and Sexual Dysfunction

When we experience sexual dysfunction, depression can sometimes be the culprit. After all, if you're in a depressed state, you probably aren't interested in much of anything — sex included. Conversely, sexuality is such an important part of our self-worth and identity, that if you're having problems in the bedroom, the sense of inadequacy or failure could spur on a bout of depression. Yet another cause: medications for many illnesses (including, but not limited to, depression itself) can impair sexual performance, so talk to your doctor and pharmacist about side effects. There's also a fourth possibility: that another medical or psychological illness could explain both the disturbances in mood *and* sexual functioning. Underlying physical conditions that can cause sexual problems include diabetes, heart disease, neurological disorders, pelvic surgery or trauma, chronic disease like kidney or liver failure, hormonal imbalances, alcoholism and drug abuse, or heavy smoking. Psychological causes can include stress or anxiety from work, concern about poor sexual performance, marital discord, unresolved sexual orientation, a previous traumatic sexual experience, and, of course, depression. Once the cause is sorted out, the good news is that sexual problems, like depression, are highly treatable.

Related Organizations

- **Sex Information/Education Council** www.sieccan.org
- **Sexuality and You** www.sexualityandu.ca
- **Sexual Health Network** www.sexualhealth.com

Depression and PMS

Between 30-70% of women experience pre-menstrual symptoms the week leading up to their period. About 1 in 20 of these women have symptoms severe enough to affect day-to-day functioning and relationships; they are usually diagnosed with pre-menstrual dysphoric disorder (PMDD) or what most people refer to as PMS (pre-menstrual syndrome). PMDD/PMS is characterized by irritability, moodiness, crying spells, and physical complaints like bloating, headaches, lethargy, and changes in appetite. Even women who know they are going through an ongoing clinical depression are not immune to the effects of PMDD/PMS. Often, these women's symptoms are alleviated for much of the month and suddenly break through in the pre-menstrual phase of their cycle. For mild cases, changes in diet can be helpful such as reducing salt, caffeine, alcohol and junk food intake. Women also find relief from relaxation rituals, exercise, and even counselling. More severe cases can require medication such as antidepressants or hormone therapies, in addition to these lifestyle tips.

Related Organizations

- **BC Reproductive Mental Health Program** bcmh.com
- **Canadian Women's Health Network** www.cwhn.ca

Depression and Digestive Function

On the one hand, digestive disorders such as inflammatory bowel disease (IBD), Crohn's disease, and ulcerative colitis are chronic illnesses that affect major aspects of a person's daily routine, including their emotional coping mechanisms. On the other hand, the excess release of stress hormones and digestive acids — common during bouts of depression and anxiety — is known to aggravate digestive disorders. Making poor dietary choices when you're in psychological distress may also play a role in upsetting the delicate balance of your intestinal network. Treating underlying depression and anxiety, as well as taking periodic diet and stress management/cognitive-behavioural therapy courses can go a long way to providing gastrointestinal relief.

Related Organizations

- **Crohn's & Colitis Foundation of Canada** www.cafc.ca
- **Dial-a-Dietitian BC** www.dialadietitian.org
- **IBD Centre** www.mtsinai.on.ca/ibd

Depression and Substance Use Problems

About half of those with addictions have mental illnesses and vice versa. However, the relationship is complex. Mental health problems can act as risk factors for substance use problems. For example, depressive symptoms could lead someone to self-medicate with alcohol as a coping mechanism. Or, it could be that someone with an anxiety disorder or depression has trouble sleeping and is given tranquilizers which can then be misused.

Substance use problems can also act as risk factors for mental illness. For example, struggling with an addiction and its consequences affects your mental health: your moods, behaviours, perceptions, coping strategies and social networks.

There are also common risk factors that place people at risk for either substance use or mental health problems, or both: poverty or unstable income, difficulties at school, unemployment or problems at work, isolation, lack of decent housing, family problems, family histories, past trauma or abuse, discrimination, and even biological or genetic factors. If you have (or are at-risk for) a chemical dependency, talk to your doctor and consult the following:

Related Organizations

- **BC's Alcohol and Drug Information and Referral Service** 604.660.9382 or 1.800.663.1441
- **Substance Information Link** www.silink.ca
- **Alcohol-Drug Education Service** www.ades.bc.ca
- **Kaiser Foundation** www.kaiserfoundation.ca
- **Canadian Centre on Substance Abuse** www.ccsa.ca
- **Centre for Addiction & Mental Health** camh.net

Depression and Co-Existing Conditions



If you have a medical condition you are far more likely to have depression than someone who doesn't.

Having a medical illness is one of the strongest risk factors for having another disorder: depression. In fact, the rate of depression in patients with some chronic illnesses roughly ranges between 25 and 50%. By comparison, the rate of depression is about 5% in otherwise healthy adults. Clinical depression is an illness that can be treated. And treatment improves more than your mood. It can improve your physical health, too.

Depression Rates in People with Co-Existing Medical Illness	
Illness	% affected
Cancer	42% (inpatients)
Heart disease	18-26%
Diabetes	33%
Multi-infarct dementia	27-60%
Multiple sclerosis	6-60%
Parkinson's disease	40%
Stroke	30-50%
Alcohol or drug abuse	50%

It isn't a weakness, it isn't normal...

Some might consider it "normal" to be depressed in response to a medical illness. Though depressed feelings can be a common reaction to both the diagnosis of a chronic condition and the lifestyle changes it demands, depression that lasts two weeks or more is *not* the expected reaction, and may in fact be clinical depression. It is never normal to be depressed for this long.

...and it may not be "all in your head."

It appears there may be physical reasons that depression often accompanies other medical illnesses. For example, studies suggest that depression and other diseases, such as heart disease or dementia, may be interrelated. Sometimes, the biological mechanisms of depression can be linked

to, or triggered by, the chemical changes brought about by another illness. Other studies suggest that depression may be a risk factor for illness.

At best, half of those with depression and co-existing illness are diagnosed.

The symptoms of other medical illnesses can mask or mimic the symptoms of depression, making it complicated to identify; the side effects of some medicines can do the same thing. And it's difficult for some people to talk about their feelings, making diagnosis a challenge.

But there is hope.

The good news is that treatment works. Treating depression is shown to improve the co-existing illnesses and extend life. Treatment also improves quality of life — for both patients and their caregivers. So remember, ongoing depression is never normal and there are many important reasons to treat it.

Some links to think about...

Depression and Heart Disease

Studies abound investigating the link between heart disease and depression. One theory behind the relationship is that depressed people make poor lifestyle choices — particularly around diet and exercise — and that those with a currently-existing heart condition may not be motivated to take heart medication regularly. Another theory suggests that *stress* is the common denominator because stress, and the effects its hormones wreak on the body, has known links to both depression and heart problems.

Related Organizations

- Heart and Stroke Foundation www.heartandstroke.ca
- Healthy Heart Society of BC www.heartbc.ca or 1.888.742.1772

Depression and Stroke

Research shows that about one-third of stroke survivors experience depression after their stroke. Post-stroke depression appears common, with women and people with more education at higher risk. One major problem in diagnosing depression in this population is that some of the symptoms used to classify depression can also be the direct result of brain damage from the stroke. Going through a depression after something as life-changing as a stroke is understandable but, even so, it should not be ignored. Researchers have noted that post-stroke depression can have a significant impact on people's ability to recover. Helping the depression can help rehabilitation.

Related Organizations

- Heart and Stroke Foundation www.heartandstroke.ca
- Stroke Recovery Association of BC 1.888.313.3377 or www.strokerecoverybc.ca

Depression and Cancer

Increased risk for clinical depression for these patients is especially the case if the cancer is impeding the ability to go to work or carry out daily activities, interfering with social activities or relationships, causing severe fatigue or pain, or is a progressed or relapsed cancer. Diagnosis and treatment of co-existing depression can bring many benefits: improved quality of life and motivation, improved co-operation with doctors and treatments, and reduced pain, since both naturally-occurring and synthetic antidepressants also have a pain-blocking effect.

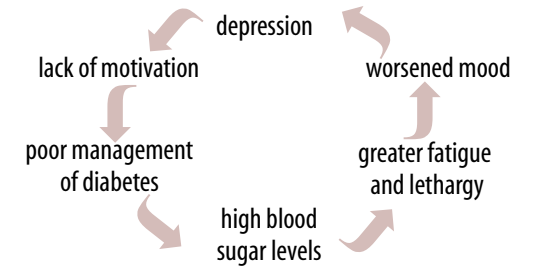
Related Organizations

- Canadian Cancer Society - BC www.bc.cancer.ca

Depression and Diabetes

A diagnosis of diabetes is a painful thing to swallow at any time in your life. And when you're depressed about a major life change and challenge, you're probably less likely to exercise enough, eat responsibly, or take your medicine

regularly — all of which feeds into a vicious cycle that makes both your diabetic and depressive conditions worse. Knowing about this cycle is half the battle:



Related Organizations

- Canadian Diabetes Association www.diabetes.ca
- Diabetes Resource Centre 1.800.268.4656

Depression and HIV/AIDS

HIV/AIDS is also a chronic medical condition; however, people living with HIV and depression have added challenges: they have to live with the double stigma of HIV and mental illness; their depressive symptoms might actually be an early sign of other AIDS-related conditions; their support networks are not always the healthiest; and certain populations living with HIV might more easily turn to substance abuse as a coping mechanism for depression. Since new treatments are being developed all the time that are extending the lives of people infected with HIV, there is every reason to believe treating a co-existing clinical depression is worth it in the long run and can improve both a person's quality of life and motivation.

Related Organizations

- Canadian AIDS Society www.cdnaids.ca
- BC Persons with AIDS Society www.bcpwa.org
- BC Aboriginal HIV/AIDS Society healingourspirit.org
- Positive Women's Network www.pwn.bc.ca

Depression and Thyroid Disease

An overactive thyroid can result in symptoms resembling ►